

OFFSITE 'RETAKE' EXAM 2009

The Recertification Examination or the Written Examination can be retaken 6 months after the scheduled annual examination. NEBO will provide a "retake" test administration date in order to accommodate candidates who did not pass the BCO examination at the scheduled annual examination. NEBO must receive notification of the need for retake administration dates and site no later than ninety (90) days prior to the desired retake date. **This exam application can be filed with NEBO three (3) months after the scheduled exam. CASTLE considers this examination a totally separate administration of the examination and therefore is more costly to the examinee.**

APPLICATION FOR RETAKE EXAMINATION

The NEBO Certification Examination for Ocularists will be administered and processed by CASTLE Worldwide, Inc. of Raleigh, NC. The location and proctor for the examination will be arranged by CASTLE at a location and date to be determined by CASTLE and the examinee.

NAME: _____ IDENTIFICATION # : _____

ADDRESS: _____ SOCIAL SECURITY #: _____

CITY/STATE/ZIP: _____

TELEPHONE #:(_____) _____ FAX _____

EMAIL ADDRESS _____

I hereby apply for retesting in the following examination(s).

Certification Examination \$400.00 Recertification Process I \$450.00

Retake Test Administration Cost - providing test center personnel, site administrator or proctor, test site, testing materials, shipping, reports etc. by CASTLE.

		USA		Canada
SITE FEE		\$1300.00		\$1600.00
WRITTEN	+	400.00	+	400.00
RECERTIFICATION	or	450.00	or	450.00
TOTAL	=		=	
Amount due either		\$1700. or \$1750.		\$2000. or \$2050.

I enclose 2 (two) photographs and a check in the total of \$_____ payable to NEBO.
Email 1 (one) Digital Photograph to nebo@neboboard.org with "picture" in subject line

Application and payment should be mailed to:

David M. Bulgarelli, Executive Director
National Examining Board of Ocularists, Inc.
625 First Avenue, Suite
Coralville, IA 52241-
(319) 339-1125
2009APPCrexmretake2part



Pay by Check to NEBO or Credit Card (MC or VISA)
Card Type, ie, MC/Visa US \$ _____
Card Number: _____
Name on Card: _____
Expiration Date: _____
Security Number on back: _____
Signature: _____
Credit Card use is our preference